

UNITED STATES DISTRICT COURT

for the

Eastern District of Wisconsin

Green Bay Division

Case No. _____

(to be filled in by the Clerk's Office)

David Joseph Kopp

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

The County of Marinette (see attached for additional names)

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT AND REQUEST FOR INJUNCTION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	David Joseph Kopp
Street Address	c/o Marinette County Jail
City and County	1926 Hall Avenue
State and Zip Code	Marinette, WI
Telephone Number	715-732-7630
E-mail Address	

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	County of Marinette
Job or Title <i>(if known)</i>	
Street Address	1926 Hall Avenue
City and County	Marinette, Marinette
State and Zip Code	WI 54143
Telephone Number	715-732-7600
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	Sheriff Jerome T. Suave, Chief Deputy James M. Hansen
Job or Title <i>(if known)</i>	and John Doe, employees of Marinette County
Street Address	1926 Hall Avenue
City and County	Marinette and Marinette
State and Zip Code	WI 54143
Telephone Number	715-732-7600
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	Advanced Correctional Healthcare, Inc.
Job or Title <i>(if known)</i>	
Street Address	3921 Baring Trace
City and County	Peoria,
State and Zip Code	Illinois 61615
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	Lisa Swanson and Jane Doe
Job or Title <i>(if known)</i>	LPN and employees of Advanced Correctional Healthcare, Inc.
Street Address	3921 Baring Trace
City and County	Peoria
State and Zip Code	Ilinois, 61615
Telephone Number	
E-mail Address <i>(if known)</i>	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

8th and 14th amendments to the United States Constitution and 42 USC § 1983

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, *(name)* David Joseph Kopp, is a citizen of the State of *(name)* Wisconsin.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, *(name)* Jerome Suave, James Hansen and, is a citizen of the State of *(name)* Lisa Swanson, Wisconsin. Or is a citizen of *(foreign nation)* _____.

b. If the defendant is a corporation

The defendant, (name) County of Marinette and, is incorporated under the laws of the State of (name) Advanced Correctional Healthcare, WI, and has its principal place of business in the State of (name) 1926 Hall Ave, Marinette, WI.
Or is incorporated under the laws of (foreign nation) _____,
and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the injunction or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

Defendants refuse to give Plaintiff his clonazepam medication as needed. Plaintiff suffered an anxiety attack in the jail on Monday, October 29, 2018. Defendants also refused to provide Plaintiff with his paroxetine medication in a timely fashion, also leading to this anxiety attack.

B. What date and approximate time did the events giving rise to your claim(s) occur?

August 28, 2018 - present.

- C. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

Plaintiff's clonazepam medication was brought into the jail but jail personnel refuse to provide it to him.

IV. Irreparable Injury

Explain why monetary damages at a later time would not adequately compensate you for the injuries you sustained, are sustaining, or will sustain as a result of the events described above, or why such compensation could not be measured.

Plaintiff is suffering emotional and physical harm as a result of Defendants' refusal to provide him with necessary medications. Such medication is necessary to keep Plaintiff's anxiety under control and prevent anxiety attacks. (See Exhibit A). Without access to such medications, Plaintiff will suffer painful and psychologically-damaging withdrawal and other damaging and lasting side effects that cannot be prevented retroactively by monetary compensation in the future.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

An Order requiring Defendants to provide plaintiff with access to all of his necessary medications.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____

Signature of Plaintiff _____

Printed Name of Plaintiff _____

B. For Attorneys

Date of signing: _____ 11/06/2018

Signature of Attorney _____ s/Ryan J. Riebe

Printed Name of Attorney _____ Ryan J. Riebe

Bar Number _____ 1101498

Name of Law Firm _____ Law Firm of Conway Olejniczak & Jerry, SC.

Street Address _____ 231 S. Adams Street

State and Zip Code _____ Green Bay, WI 54301

Telephone Number _____ 920-437-0476

E-mail Address _____ rjr@lcojlaw.com

Attachment

THE COUNTY OF MARINETTE; Sheriff JEROME
T. SAUVE; Chief Deputy JAMES M. HANSEN;
JOHN DOE, One or more
employees of the County of Marinette
1926 Hall Avenue
Marinette, WI 54143-1717

And

ABC INSURANCE COMPANY

And

ADVANCED CORRECTIONAL HEALTHCARE, INC.
3922 Baring Trace
Peoria, IL 61615-2500

LISA SWANSON, LPN
609 Madison Street
Oconto, WI 54153

HARRY DOE, One or more employees of Advanced Correctional Healthcare, Inc.

And

DEF Insurance Company

#2973179